I request that the United States Patent and Trallemark Office grant a U.S. patent for the invention described and claimed in the specific tion identified above.

I hereby declare that all statements made herei of my own knowledge are true and that all statements made on information and bel of are believed to be true; and further that these statements were made with the knowle Ige that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that s ch willful false statements may jeopardize the validity of the application or any patent is used thereon.

Full name of Inventor Philip Marc Stewart

- Timp wat o down	
Inventor's Signature Philip Man Start	_Date09/30/04
	_Citizenship_United States
Post Office Address 5320 Tamarack Trail, OH 45331	
Full name of Inventor Allen Chris Herr	
Inventor's Signature	_Date
Residence City/State Goshen, Indiana	Citizenship United States
Post Office Address 705 South 6th Street, Goshen, IN 4/3526	
Full name of Inventor <u>Donald L. Wade</u>	
Inventor's Signature	_Date
Residence City/State Goshen, Indiana	Citizenship United States
Post Office Address 20111 County Road 40, Goshen, IN 4652	<u>}</u>

EXDICSS Mail INC	Express Ma	il No			
------------------	------------	-------	--	--	--

DECLARATION, POWER OF ATTORNEY, AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL EXAMINATION TABLE

the specification of which (check one below):

- ($\sqrt{}$) is attached hereto.
- () was filed on ___ as Application Serial No. ___ or Express Mail No. ___, and was amended on ___ (if applicable).
- () was filed on ___ as PCT International Application No. ___ , and as amended under PCT Article 19 on ___ (if any).

I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Applica	tion(s)	F	riority Claimed?		
(Number)	(Country)	 Day/Month/Year Filed	() Yes () No		
(Number)	(Country)	 Day/Month/Year Filed	() Yes () No		
(Number)	(Country)	Day/Month/Year Filed	() Yes () No		
I hereby claim the benefit under Title 35, United States Code, §120 and/or §119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.					
(Serial No.)	(Filing Date)	(Status: Patented, Pen	ding, or Abandoned)		
(Serial No.)	(Filing Date)	(Status: Patented, Pen	ding, or Abandoned)		
(Serial No.)	(Filing Date)	(Status: Patented, Pen	ding, or Abandoned)		
be my attorneys or a	gents, with full power of	ociated with the customer nesults substitute and revocation, ne Patent and Trademark (to prosecute this		
Address all correspond	ndence and telephone o	calls to			
David V	V. Dorton				
Telepho	s of customer number 2 one (513) 241-2324 ile (513) 241-6234	6,875			

Full hame of inventor Richard Lee Turner	
Inventor's Signature Q. L. Tume	_Date_9/30/04
Residence City/State Celina, Ohio	_Citizenship <u>Un ted States</u>
Post Office Address 112 Pleasant View Drive, Celina, OH 45	22
Full name of Inventor Jon Edward Wells	
Inventor's Signature	_Date9/20/07
Residence City/State New Bremen, Ohio	_Citizenship <u>United States</u>
Post Office Address 148 Reed Street, New Bremen, OH 458	9